- L18000022068

(Requestor's Name)
(Address)
(4.11)
(Address)
(City/State/Zip/Phone #)
(2-4), 0.2-0.2-(1.1-0.1-0.4)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



300308529063

02/01/18--01029--002 **25.00

18 FEB -1. AM 3: 3

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporation			•
subject: <u>B001</u>		MONDS LLC ed Liability Company	<u></u>
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Christoph	ner 5 Petrillo Name of Person	50
		Firm/Company	
	4061 SW	70 th way	
	Davie, F	City/State and Zip Code CAMONIDS G GM A b be used for future annual report dotification	
	BOODADDY DI E-mail address: (to	AMONIDS 6 9MA be used for future annual report dotification	il. COM
For further information conc	erning this matter, please cal	II:	
Chr: Stopher Name of Pe	Petr:110	at (954) 822-6 Area Code Daytime Tel	988 ephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION** OF

	MONDS LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on $\frac{1}{24}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
	$\overline{\Xi}$
	RETAF AHAS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	STATE OF THE STATE
	O DA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to ma	nage, <u>enter the</u>	title, name,	and address	s of each	person	being a	added
or removed from our records:							

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Christopher 5 Petrillo Jr	4061 SW 70 th Wa	Add
		Davio, FL 32214	
			Change
			□ Add
			Remove
			Change
			C Add
			Remove
			Change
			Add
			C Remove
			Change
			□ Add
			Remove
			Change
	-1		
			Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets,	
	•	
-		
		<u> </u>
		3
		<u>မ</u>
		
m effectiv ote: If t	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement s effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12 of the day after the record is filed.	:01 a.m. on the earlie
ted	January 31, 2018	
	Signature of a member or authorized representative of a member	
	Christopher J Patrillo Jr	

Page 3 of 3

Filing Fee: \$25.00